

Committee(s):	Date(s):
Health and Wellbeing Board	4 th July 2013
Subject: Information report	Public
Report of: Director of Community and Children's Services	For Information
<p>Summary</p> <p>This report is intended to give Health and Wellbeing Board Members an overview of key updates to subjects of interest to the Board where a full report is not necessary. Details on where Members can find further information, or contact details for the relevant officer is detailed within each section as appropriate.</p> <p>Within this report there are updates on:</p> <ul style="list-style-type: none"> • Health in all Policies • Health intelligence and outcomes update • Winterbourne View Concordat and review • Social Prescribing • HIV figures • Public Health England (PHE) priorities • Integrated care: our shared commitment • Children and Young People's Health Outcomes Forum: Recommendations to improve children and young people's health results • Statutory Guidance on JSNA and JHWS <p>Recommendation</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the update report, which is for information 	

Main Report

Background

1. In order to update Members on key developments and policy, information items which do not require a decision have been included within this highlight report. Details on where Members can find further information, or contact details for the relevant officer is detailed within each section as appropriate

Health in all Policies

2. The 8th Global Conference on Health Promotion ran in June 2013 in Finland. As part of this event, the Ministry of Social Affairs and Health of Finland in collaboration with the National Institute for Health and Welfare of Finland (THL), the European Observatory on Health Systems and Policies, and the UN Research Institute for Social Development, have published Health in all Policies, which takes a global view of on improving health and health equity through decision-making and implementation.

3. Health in all Policies is an approach to public policies across sectors, that takes into account the health and health system implications of decisions, to prevent negative health impacts. As the determinants of people's health lie largely outside the healthcare system, social, physical and economic policies can have a substantial impact upon health. The book looks at ways in which health perspectives can be incorporated into public policies in practice. The following chapters are useful further reading for Health and Wellbeing Board members:
 - Chapter 1 – Introduction to health in all policies and the analytical framework of the book;
 - Chapter 10 – Tobacco or Health;
 - Chapter 11 – Alcohol; and
 - Chapter 15 – Lessons for policy-makers

4. Link: <http://www.euro.who.int/en/who-we-are/partners/observatory/studies/health-in-all-policies-seizing-opportunities,-implementing-policies> (iPad users are recommended to download into iBook application)
The contact officer is Farrah Hart (020 7332 1907)

Health intelligence and outcomes update

5. The Children's Executive Board (CEB) has agreed a new performance framework for monitoring and reporting children's outcomes. The sub committees (Health Outcomes, Early Intervention and Prevention, Youth Engagement Sub (YES) Group, City and Hackney Safeguarding Children Board are each responsible for a number of relevant CEB indicators and will report a summary of activity and performance to the CEB on a quarterly basis.

6. The framework has revised timings for the CEB and its sub committees to enable an improved information flow which in future will allow the CEB to report key issues to the Health and Wellbeing Board. As part of the framework, a number of key performance indicators and outcomes have been or are in the process of being agreed for the sub committees.

7. A health outcomes sub committee has been formed to review indicators for adults and children, across the NHS and public health outcomes frameworks.

The group is in the process of collating national indicators and frameworks, with a view to identifying where local indicators can be developed for priority areas.

8. New Information Governance guidance that has been recently released requires all data that contains personal identifiable information to be stored and analysed inside “safe havens”, and anonymised outside of these havens. The CCG and CSU both wish to become authorised as safe havens, and this process is underway. However, in the meantime, this means that we are unable to produce disaggregated secondary care data for the City of London, as postcodes have been deemed to be personally identifiable information, and have been removed.
9. The contact officer is Sarah Greenwood (020 7332 3594)

Winterbourne View Concordat and review

10. The Winterbourne View Concordat was the joint response of agencies including the LGA and the NHS to the Department of Health Transforming Care report arising from the significant failings at Winterbourne View. The Concordat sets out the commitment to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges.
11. Norman Lamb, Minister of State for Care Services, has recently written to Chairs of Health and Wellbeing Boards (HWBs) to emphasise the leadership role that HWBs can play influencing CCG and local authority joint commissioning plans, as well as agreeing when pooled budgets should be established to provide person-centred care.
12. The Concordat contains a number of specific commitments that will lead to all individuals receiving personalised care and support in community settings. Local authorities have been asked to “stocktake” their progress against the commitments, and identify areas for improvement. This stocktake is currently underway within the City of London, and once the process is complete, it will be signed off by both the Chairman of the Health and Wellbeing Board and the Town Clerk.
13. Link: http://www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10171/4013688/ARTICLE-TEMPLATE
The contact officer is Chris Pelham (020 7332 1636)

Social Prescribing

14. City & Hackney Health & Social Care Forum has been awarded £50K to become a pilot site to develop a collaborative project, working with the CCG, LBH, COL and the local voluntary and community organisations and social enterprise sector, to develop a system for social prescribing. City and

Hackney CCG has committed a budget of £250K 2013/14 to test out referral models in primary care.

15. Social prescribing is a process whereby GPs refer patients with social, economic, emotional, practical and well-being concerns (whether or not they have identified physical or medical issues as well) to a range of local support services, e.g. Volunteers, welfare advice, befrienders, walking clubs, arts, exercise. It is sometimes called “community referral” as activities and services take place locally and are mostly provided by the voluntary, community and social enterprise sector.
16. The benefits of social prescribing are:
 - individuals feel more in control, with self-reported improved health and well-being, improved self-esteem and confidence
 - improvements in a sense of community well-being, through mutual support
 - reduced social exclusion
 - referrals are usually quicker than for “medical” interventions
 - GPs and their teams become more aware of what’s happening in the community and vice versa
 - patients may require fewer visits to the GP and hospital
17. Social prescribing generally works in the following fashion (although the exact local model is still being determined):
 - referral/prescription from GPs (directly to local groups or to co-ordinator)
 - co-ordinator assesses and plans with individual and refers to local activities
 - individual support to access services provided if required
 - patient follow up and review with GP
18. The pilot will go live in October 2013, initially with 3 consortia of GPs from City and Hackney CCG. The Neaman Practice has already expressed interest in this scheme, through its patient participation group (PPG). If the Neaman practice’s consortium (south west) submits an Expression of Interest and is chosen as one of the initial pilot areas, it may begin social prescribing from October 2013.
19. The contact officer is Farrah Hart (020 7332 1907)

HIV epidemiology in London

20. Public Health England has released new figures for HIV epidemiology in London, based on 2011 figures. The report shows that London-wide, there has been a steady decrease in new HIV diagnoses since 2004, which is thought to be partly attributable to changing migration patterns. Sex between men accounts for 54% of new diagnoses in London, and 100% of new diagnoses in the City of London.

21. The report shows somewhat alarming figures for the City of London, as having the third highest diagnosed prevalence rate of HIV in those aged 15-59 years old in London; however, on closer inspection, it appears that this rate has been calculated on the basis of 6 new cases.
22. Additionally, the report shows a 35% increase in the number of people living with HIV in the City of London. This is based on 57 people (age 15 to 57 years) living with diagnosed HIV in the LA out of a population of 5,300 (rounded to the nearest 100) people aged 15 to 57 years (ONS mid-year population estimates for 2011).
23. Rates for City of London are likely to be higher in 2011 than any published previously for earlier years because the 2011 Census showed that population projections based on the 2001 Census had been considerably overestimating the population of the City of London; however, agencies are unlikely to go back and revise past years' figures based on the more accurate estimates available now.
24. Link: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317138999825
The contact officer is Farrah Hart (020 7332 1907)

Public Health England Priorities

25. Public Health England is an executive agency of the Department of Health, established formally in April 2013.
26. Public Health England has published five high-level priorities that will inform its programme of work:
 - Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol
 - Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency.
 - Protecting the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics
 - Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme
 - Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives

27. Public Health England intends to take a prevention and early intervention approach to tackling these issues, and will be developing a detailed three year plan over the course of the year.
28. Link:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192676/Our_priorities_final.pdf

Integrated Care: our shared commitment

29. This framework document on integration, signed by 12 national partners, sets out how local areas can use existing structures such as health and wellbeing boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards integration.
30. A review of integrated intermediate care has recently been carried out across City and Hackney by the research consultancy Tricordant. The Adult Social Care Team is currently in the process of developing models for integrated intermediate care that will work within the context of the City of London. Updates on the new model will be made to the Health and Wellbeing Board as it develops.
31. Link:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198748/DEFINITIVE_FINAL_VERSION_Integrated_Care_and_Support_-_Our_Shared_Commitment_2013-05-13.pdf
The contact officer is Chris Pelham (020 7332 1636)

Children and Young People's Health Outcomes Forum: Recommendations to improve children and young people's health results

32. Contact a Family published this report following a survey of parent carer forums, asking about their work with health services and their involvement with clinical commissioning groups, health and wellbeing boards and Healthwatch.
33. Link: <https://www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results>

Statutory Guidance on JSNA and JHWS

34. Following the Shadow Health and Wellbeing Board's response to DH's consultation, the final statutory guidance on JSNA and JHWS has been published. The updated guidance provides clarification on a number of points.

- The aim of health and wellbeing boards is to bring together leaders across health and social care to work together to reduce inequalities. Boards do not have direct duties relating to health inequalities, unlike CCGs and the NHS CB. This is because the board itself is not a commissioner or provider so does not have direct influence over health inequalities.
- Through their public health function, local authorities do have a duty to improve the health of their population. In using the public health grant provided to local authorities to discharge their new public health responsibilities, local authorities must have regard to the need to reduce inequalities between the people in its area.
- As committees of the local authority with non - executive functions, constituted under section 101(2) of the Local Authority 1972 Act, health and wellbeing boards are subject to local authority scrutiny arrangements.
- Health and wellbeing boards should be clear about their timing cycles to allow their partners and the local community to participate in the process.

35. Link: <http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/>

Appendices

None

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